

# EXHIBIT 1

11 This **Spectrum Policy** consists of the Declarations, Coverage Forms, Common Policy Conditions and any  
10 other Forms and Endorsements issued to be a part of the Policy. This insurance is provided by the stock  
AC insurance company of The Hartford Insurance Group shown below.

SBA

**INSURER:** TWIN CITY FIRE INSURANCE COMPANY  
8910 PURDUE RD, INDIANAPOLIS, IN 46268  
**COMPANY CODE:** 7

**Policy Number:** 39 SBA AC1011 SB



## SPECTRUM POLICY DECLARATIONS

**Named Insured and Mailing Address:** ADRIAN MOODY AND ROBIN JONES  
(No., Street, Town, State, Zip Code)

107 S EASTON RD  
GLENSIDE PA 19038

**Policy Period:** **From** 12/10/19 **To** 12/10/20 1 YEAR  
12:01 a.m., Standard time at your mailing address shown above. **Exception:** 12 noon in New Hampshire.

**Name of Agent/Broker:** FRANK FROIO AGENCY LLC

**Code:** 427318

**Previous Policy Number:** 39 SBA AC1011

**Named Insured is:** INDIVIDUAL

**Audit Period:** NON-AUDITABLE

**Type of Property Coverage:** SPECIAL

**Insurance Provided:** In return for the payment of the premium and subject to all of the terms of this policy, we agree with you to provide insurance as stated in this policy.

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**TOTAL ANNUAL PREMIUM IS:** \$1,200

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Countersigned by *Suean L. Castaneda*  
Authorized Representative

09/25/19  
Date

## SPECTRUM POLICY DECLARATIONS (Continued)

**POLICY NUMBER:** 39 SBA AC1011

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

**Location:** 001      **Building:** 001

107B S EASTON RD  
GLENSIDE                      PA 19038

**Description of Business:**

Art Dealers or Galleries w/ Sale of Art

**Deductible:** \$ 1,000 PER OCCURRENCE

### BUILDING AND BUSINESS PERSONAL PROPERTY    LIMITS OF INSURANCE

#### BUILDING

NO COVERAGE

#### BUSINESS PERSONAL PROPERTY

|                  |                |
|------------------|----------------|
| REPLACEMENT COST | \$      64,800 |
|------------------|----------------|

#### PERSONAL PROPERTY OF OTHERS

|                  |             |
|------------------|-------------|
| REPLACEMENT COST | NO COVERAGE |
|------------------|-------------|

#### MONEY AND SECURITIES

|                      |                |
|----------------------|----------------|
| INSIDE THE PREMISES  | \$      10,000 |
| OUTSIDE THE PREMISES | \$      5,000  |

## SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 39 SBA AC1011

Location(s), Building(s), Business of Named Insured and Schedule of Coverages for Premises as designated by Number below.

Location: 001      Building: 001

### PROPERTY OPTIONAL COVERAGES APPLICABLE    LIMITS OF INSURANCE TO THIS LOCATION

STRETCH FOR CULTURAL ORGANIZATIONS  
FORM SS 04 82  
THIS FORM INCLUDES MANY ADDITIONAL  
COVERAGES AND EXTENSIONS OF  
COVERAGES. A SUMMARY OF THE  
COVERAGE LIMITS IS ATTACHED.

LIMITED FUNGI, BACTERIA OR VIRUS      \$    50,000  
COVERAGE:

FORM SS 40 93  
THIS IS THE MAXIMUM AMOUNT OF  
INSURANCE FOR THIS COVERAGE,  
SUBJECT TO ALL PROPERTY LIMITS  
FOUND ELSEWHERE ON THIS  
DECLARATION.  
INCLUDING BUSINESS INCOME AND EXTRA  
EXPENSE COVERAGE FOR:

30 DAYS

## SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 39 SBA AC1011

### PROPERTY OPTIONAL COVERAGES APPLICABLE LIMITS OF INSURANCE TO ALL LOCATIONS

BUSINESS INCOME AND EXTRA EXPENSE  
COVERAGE  
COVERAGE INCLUDES THE FOLLOWING  
COVERAGE EXTENSIONS:

12 MONTHS ACTUAL LOSS SUSTAINED

ACTION OF CIVIL AUTHORITY:  
EXTENDED BUSINESS INCOME:

30 DAYS  
30 CONSECUTIVE DAYS

EQUIPMENT BREAKDOWN COVERAGE  
COVERAGE FOR DIRECT PHYSICAL LOSS  
DUE TO:  
MECHANICAL BREAKDOWN,  
ARTIFICIALLY GENERATED CURRENT  
AND STEAM EXPLOSION

THIS ADDITIONAL COVERAGE INCLUDES  
THE FOLLOWING EXTENSIONS

HAZARDOUS SUBSTANCES  
EXPEDITING EXPENSES

\$ 50,000  
\$ 50,000

MECHANICAL BREAKDOWN COVERAGE ONLY  
APPLIES WHEN BUILDING OR BUSINESS  
PERSONAL PROPERTY IS SELECTED ON  
THE POLICY

IDENTITY RECOVERY COVERAGE  
FORM SS 41 12

\$ 15,000

**SPECTRUM POLICY DECLARATIONS (Continued)**

POLICY NUMBER: 39 SBA AC1011

| BUSINESS LIABILITY                                    | LIMITS OF INSURANCE |
|---|---------------------|
| LIABILITY AND MEDICAL EXPENSES                        | \$1,000,000         |
| MEDICAL EXPENSES - ANY ONE PERSON                     | \$ 10,000           |
| PERSONAL AND ADVERTISING INJURY                       | \$1,000,000         |
| DAMAGES TO PREMISES RENTED TO YOU<br>ANY ONE PREMISES | \$1,000,000         |
| AGGREGATE LIMITS                                      |                     |
| PRODUCTS-COMPLETED OPERATIONS                         | \$2,000,000         |
| GENERAL AGGREGATE                                     | \$2,000,000         |
| EMPLOYMENT PRACTICES LIABILITY                        |                     |
| COVERAGE: FORM SS 09 01                               |                     |
| EACH CLAIM LIMIT                                      | \$ 10,000           |
| DEDUCTIBLE - EACH CLAIM LIMIT                         |                     |
| NOT APPLICABLE  |                     |
| AGGREGATE LIMIT                                       | \$ 10,000           |
| RETROACTIVE DATE: 12102018                            |                     |

This **Employment Practices Liability Coverage** contains claims made coverage. Except as may be otherwise provided herein, specified coverages of this insurance are limited generally to liability for injuries for which claims are first made against the insured while the insurance is in force. Please read and review the insurance carefully and discuss the coverage with your Hartford Agent or Broker.

The Limits of Insurance stated in this Declarations will be reduced, and may be completely exhausted, by the payment of "defense expense" and, in such event, The Company will not be obligated to pay any further "defense expense" or sums which the insured is or may become legally obligated to pay as "damages".

BUSINESS LIABILITY OPTIONAL  
COVERAGESCYBERFLEX COVERAGE  
FORM SS 40 26UNMANNED AIRCRAFT LIABILITY  
FORM: SS 42 06

## SPECTRUM POLICY DECLARATIONS (Continued)

POLICY NUMBER: 39 SBA AC1011

### Form Numbers of Forms and Endorsements that apply:

|                |                |                |                |
|----------------|----------------|----------------|----------------|
| SS 00 01 03 14 | SS 00 05 10 08 | SS 00 07 07 05 | SS 00 08 04 05 |
| SS 00 60 09 15 | SS 00 61 07 19 | SS 00 64 09 16 | SS 84 22 09 07 |
| SS 01 25 07 08 | SS 42 06 03 17 | SS 04 19 04 09 | SS 04 22 07 05 |
| SS 04 30 07 05 | SS 04 39 07 05 | SS 04 41 03 18 | SS 04 42 03 17 |
| SS 04 44 07 05 | SS 04 45 07 05 | SS 04 46 09 14 | SS 04 47 04 09 |
| SS 04 80 03 00 | SS 04 82 09 07 | SS 04 86 03 00 | SS 40 18 07 05 |
| SS 40 23 03 00 | SS 40 26 03 17 | SS 40 93 07 05 | SS 41 12 12 17 |
| SS 41 51 10 09 | SS 41 63 06 11 | IH 10 01 09 86 | SS 05 47 09 15 |
| SS 05 64 12 10 | SS 05 66 03 00 | SS 50 94 06 11 | SS 51 11 03 17 |
| SS 09 01 12 14 | SS 09 18 12 14 | SS 09 67 09 14 | SS 09 70 12 14 |
| SS 09 71 12 14 | SS 50 19 01 15 | IH 99 40 04 09 | IH 99 41 04 09 |
| SS 83 76 01 15 | SS 89 93 07 16 |                |                |